



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Adoption
Resource Guide**

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [4222.2 Re-Allowing Placement](#):

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

PURPOSE

Every child deserves to be loved and deserves to have a permanent family to care for him or her. This resource guide is a tool to help workers achieve positive, timely permanency for children. In particular, the guide focuses on increasing permanency for children in DFPS Permanent Managing Conservatorship (PMC) with Termination of Parental Rights (TPR), who have the goal of adoption and are not in a placement intended to be permanent.

The guide was developed through research and input from many levels of CPS adoption professionals. Please note, staff is required to refer to CPS Policy Handbook, Section [6900](#) and Minimum Standards, Subchapters [Q](#) and [S](#) to ensure appropriate procedures are followed for these children. Not every practice or strategy will be the best route for every child and there may be unforeseen barriers.

INITIAL DUTIES AND RESPONSIBILITIES OF DFPS STAFF

Once the decision has been made that the primary or concurrent goal for a child is adoption, many things need to be done to expedite the path to permanency. The first step is to review CPS Policy and the Adoption Checklist ([Form 2143](#)) for tasks that are required.

As soon as possible, it is recommended that the child either be transferred to an adoption worker or have an adoption worker assigned as a secondary liaison (depending on regional protocol). If an adoption worker is assigned as a liaison, he/she should take the lead in recruiting a forever family for the child as detailed below. The worker leading recruitment is responsible for documenting recruitment on the Adoption Inquiry List ([Form 2141](#)). Either the primary worker or liaison, depending on regional preference, should upload the Adoption Inquiry List into OneCase through IMPACT at the time each monthly narrative is due, in order to track and document recruitment. Instructions for OneCase can be found at <http://intranet.dfps.txnet.state.tx.us/Operations/OSS/Records/OneCase/default.asp>. If a liaison is responsible for recruitment, the liaison should provide monthly updates on viable placements to the child's primary worker. The primary caseworker should continue with the regular conservatorship (CVS) duties of the case (court, monthly contacts, Plan of Service, etc.). The primary worker is responsible for ensuring the recruitment activities are documented in court reports.

PREPARING CHILDREN FOR ADOPTION

A critical first step for the adoption process is to prepare the child. While policy requires that the worker is to begin preparing the child for adoption at least 3 months before they are placed in their adoptive home, best practice suggests that preparation for adoption should begin as soon as adoption is the primary or concurrent goal. The caseworker, therapist, foster parent and/or other professionals should initiate and encourage open dialogue with the child on a regular basis to help them process and prepare for adoption. Throughout the preparation process, it is imperative that workers keep in mind the child's age and developmental level. [Appendix A](#) highlights developmental things to consider when preparing children for adoption.

As children vary in how they deal with trauma and loss, adoption preparation is not a "One Size Fits All" process. While some children may be ready to move forward with adoption relatively quickly, many other children require time to grieve the loss of their birth families. Similarly, many children need time to learn that they can trust adults to keep them safe before they are ready to commit to a new family. This is the time to explore with the child the type of families they are open to and to help prepare the child to be open to a variety of families.

Therefore, a fundamental first step of adoption preparation process is to work with the child to understand his or her emotional needs. This includes helping the child process any trauma and loss that he or she is experiencing. In addition to talking to the child, the caseworker should consult with the supervisor, program director, therapist and other professionals to identify strategies that would help prepare the child emotionally for what is to come.

A second important step in the preparation process is to help children understand what adoption means, taking into consideration the child's age and developmental level (See [Appendix A](#)). The idea of adoption may mean different things for different children, so it is critical for the worker to learn about the child's current understanding. The caseworker should discuss with the child what adoption will mean to him or her and make it clear that an adoptive family is a permanent family. It is important to keep in mind that when children learn about adoption, it often triggers the painful realization that biological family ties could be ended. Therefore, it is important to engage a therapist with expertise in adoption, trauma-informed care, and/or grief and loss to assist the child in processing any difficult emotions that arise.

Parallel to helping the child understand adoption is the need to discover how the child feels about adoption and any fears or concerns that they may have. It is common for children to be resistant to the idea of adoption, possibly due to fear of rejection or fear of losing connections to biological parents, extended families siblings and current caregivers. It is important that the caseworker, therapist, foster family, and other professionals work together to help the child alleviate any underlying fears or concerns. For children who are particularly resistant to adoption, caseworkers should also consult with management and tenured workers to identify possible strategies to address their fears and hesitation.

The National Child Welfare Resource Center for Adoption has developed many tools and resources to help prepare children for adoption. These and other resources are outlined in [Appendix F](#). [Appendix B](#) highlights specific age-appropriate activities that can be helpful in preparing children for adoption. Additionally, [Appendix G](#) outlines Trauma Informed Care research and resources.

In addition to the best practice strategies described above, DFPS Minimum Standards, [Subchapter Q, Division 3](#), also outlines specific preparation requirements for all children with a goal of adoption. The following excerpt highlights the steps in preparing a child for adoption:

§749.3343. What does preparing a child for adoption include?

Subchapter Q, Adoption Services: Children

Division 3, Preparation for Adoption

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- (a) Preparation must include helping a child five years old or older to:
 - (1) Know and understand his or her history (understanding reason for removal and termination; resolution of abuse/neglect);
 - (2) Understand the difference between biological, foster, and adoptive parents;
 - (3) Express hopes and fears about adoption, including fears of disruption (also, what is the child's understanding of adoption and placement);
 - (4) Separate from people he or she is close to, and grieve their loss;
 - (5) Form new attachments; and
 - (6) As appropriate, make a plan for contact with siblings, other family members, and other significant persons (explain to the child what connections will be maintained).
- (b) Preparation for children under five years old must include as many of the items in subsection (a) of this section as appropriate based on the child's age and intellectual level.
- (c) Regardless of the child's age, you must document in the child's record any items in subsection (a) of this section not addressed with the child during preparation for adoption and the reason for not addressing each item.
- (d) You must document preparation activities in the child's record.

RECRUITING POTENTIAL ADOPTIVE PLACEMENTS

To ensure timely permanency, it is important to begin the recruitment process as soon as possible. Best Practice guidelines suggest that even if a child is viewed as “not ready” or “not willing” to be adopted, the adoption worker or adoption liaison (hereafter referred to as “worker” or “caseworker”) should still begin recruitment efforts. Similarly, if the child is currently placed in a residential treatment facility, the worker should proceed with recruitment. It is possible that a family may be willing to work with professionals to help the child transition into a family setting. Also take time to explore persons the child has connections with such as church members, staff at facilities, coaches, mentors and parents of friends. Ask the child about connections they have as children often find relatives and kin on social media sites that the agency may have never known about. A relative that may have been denied in the past could be appropriate now as circumstances have changed.

To begin the recruitment process, the worker should first engage the child to assess her or his hopes and dreams for a forever family. In talking to the child, the caseworker should keep in mind what may be influencing the child’s desires. For example, a child may say he or she wants to live in a big house and have expensive cars just like her or his favorite pop star. It is not uncommon for materialistic wishes to be made. Caseworkers should help the child process and consider other factors, such as family connections, community connections, and educational needs.

At times, a professional assessment (i.e. therapist assessment) may determine that it is not in the child’s best interest to engage in recruitment discussions. In such instances, the worker should consult with the therapist to learn about the specific concerns and the proposed treatment plan to address the identified issues. Once the issues have been addressed and it is determined to be appropriate, the caseworker can initiate conversations with the child.

In addition to understanding the child’s wishes, it is critical that the worker have a complete understanding of the child’s background as well as his or her current functioning. This can be achieved through the completion of the Health Social Educational and Genetic History report (HSEGH) ([Form 2649](#)). If the HSEGH has been contracted out for completion, the caseworker must still carefully read and consider all information obtained.

Once the worker has engaged the child and completed the HSEGH, the worker should begin recruiting families by sending out a request for home screenings according to regional protocol. The worker should use the Adoption Inquiry List ([Form 2141](#)) to develop a running list of inquiries and/or home studies received in order to track recruitment of potential adoptive placements. This includes inquiries made on TARE as well as other recruitment tools. Inquiries that are made by a family who does not have a home study should still be documented, and communication should be sent to the family to notify them that a home study is needed. If the family does not appear to be a viable match, the caseworker must notify the family within three business days. Documentation should be kept using the Adoption Inquiry List ([Form 2141](#)) and placed into OneCase through IMPACT each month at the time the monthly narrative is due. Select the appropriate case number and then the Adoption tab from the drop-down menu in OneCase. Repeat this process each month until the child is placed in adoption. Instructions for OneCase can be found at:

<http://intranet.dfps.txnet.state.tx.us/Operations/OSS/Records/OneCase/default.asp>

Additional recruitment efforts can include but are not limited to:

- Regional radio broadcasts;
- Local television, such as *Wednesday’s Child* segments and videos on television station websites;
- Discussions with private child-placing agencies;
- Discussions with regional foster/adopt home development staff;
- Regional match parties and other events;

- Referral to Wendy's Wonderful Kids
- Case mining for potential relatives or other possible connection; and
- Permanency round tables, if available.

In addition, workers must register children on TARE by the 60th day after termination of parental rights (TPR) when:

- the child's approved primary or concurrent permanency goal is adoption and
- an adoptive home has not been identified.

SCREENING POTENTIAL ADOPTIVE PLACEMENTS

Once home screenings have been received and documented on the Adoption Inquiry List ([Form 2141](#)), caseworkers should begin narrowing the pool to identify three to five families that are the best fit for the child (Note: Selection should not be delayed if only one screening is submitted and determined viable.) As outlined below, there are different strategies that a worker can use to screen families and a multitude of factors that need to be considered in order to identify families that would be the best fit.

To begin narrowing the pool of families, the caseworker should first conduct a quick overview to screen out homes that would clearly not meet the child's needs. For example, if you have a child that needs to be placed in a home without younger children, you can quickly eliminate any families that currently have younger children. This can usually be accomplished by reviewing the family's motivation and the recommendations at the end of the screening. If a family is screened out, it is important to document on the Adoption Inquiry List ([Form 2141](#)) any reasons that the family is not a good fit (the strengths and weaknesses identified), to notify the case manager that is working with the family, and to document the date that the case manager is notified that the family is no longer being considered.

A second screening strategy is to sort the pool of screenings into two stacks: in-state and out-of-state. While federal law prohibits delay or denial of an adoptive placement based on geographic location of the adoptive family, continuity for the child can often increase their overall well-being. More specifically, keeping children close to members of their birth family, siblings, friends, schools, and religious institutions may be in their best interest. In such cases, it may be helpful to give priority consideration to in-state families who are more easily able to ensure that the child's most important support systems/relationships are maintained.¹

After the above-stated initial screening steps are complete, it is crucial that the worker fully assesses the remaining families to identify the most appropriate matches. The worker should balance what is in the child's best interest with the child's expressed preference in type of family. Workers also need to be aware of their own values and biases when processing this topic with a child. For example, caseworkers should ask themselves questions such as "Do all children need a two parent home?" or "Could a child do well in a home with several other children based on their experiences in group-like placements?" It is important to remember that the perfect family for the child may not necessarily align with caseworker or society beliefs about an "ideal family."

[Appendix C](#) provides a list of things that should be taken into consideration during the screening process.

Once the worker has identified the most appropriate three to five families (Note: there may be instances in which only one family is being considered or instances where more families may be considered), the worker should share the results with the supervisor and/or program director per the regional protocol. Supervisors and/or Program Directors should review the families being considered to ensure staff is making sound matches. The selected screenings are then shared with the Court Appointed Special

¹ *Source: AdoptUSKids' Matching Guide: Finding a Fit that will Last a Lifetime beginning on page 27*
<http://www.adoptuskids.org/assets/files/NRCRRFAP/resources/finding-a-fit-that-will-last-a-lifetime.pdf>

Advocate (CASA) supervisor and volunteer and the child's attorney ad litem, if applicable. CASA and the ad litem are permitted to review the studies in the DFPS office. This task is to be completed within 30 days.

If all have agreed upon the families chosen for a selection staffing, caseworkers should provide the respective FAD home worker or the private CPA case manager with information about the child's background, such as the updated HSEGH. This is an important step to ensure the family is still available to adopt and the case manager for the family feels the home is appropriate. The worker should also speak to the case manager to determine how the prospective family can best meet the child's needs.

Once the worker has received feedback that the prospective families are available and seemingly a good fit, it is best that the worker meet with the child to discuss the types of families being considered. At this juncture staff carefully balances a possible rejection for the child versus potential progress towards permanency. It is important to remember children may continue to experience loss and fear while being approached about a possible adoptive family. Despite these concerns, youth often express the desire to have more involvement in their case, and this process can help gain additional insight into what the youth is looking for in a forever family. Additionally, there have been many instances where sharing information with children at this stage has helped contribute to successful adoptions. However, it is important to take into consideration the individual child and share information in a way that is in his or her best interest and will minimize any risk of feeling rejected.

More specifically, information should be shared in a developmentally appropriate manner. The worker can also discuss information about the families with the child without revealing that there are specific families being considered. For example: "Remember when I told you I would be looking for a forever family, I was wondering what you thought about some of the kinds of families I'm seeing. I want to get your opinion before I start talking to any families. What do you think your family looks like?" The worker could also share some family's short profiles or family books with the youth.

SELECTING THE POTENTIAL ADOPTIVE PLACEMENT

Once the final pool of families has been identified, the worker should schedule a Selection Staffing to determine the one family that is the best fit for the child. The following participants should be invited to participate at the Selection Staffing:

- Adoption/CVS Worker
- Adoption Liaison (if applicable to regional protocol)
- Adoption/CVS Supervisor
- Adoption/CVS Program Director (PD)
- Ad Litem
- CASA (supervisor and volunteer)/Guardian Ad Litem (GAL)
- FAD home worker
- Private CPA case managers

OPTIONAL, can participate on phone:

- Current foster parents or caregivers
- Therapist or other professionals that have pertinent information about the child's permanency

The worker should inform the participants at least two weeks in advance of the meeting. If the Program Director is unavailable, it is critical that a tenured CVS or FAD supervisor is able to participate in the staffing. If a family opts out, the worker continues with the other families from the pool of consideration and documents in the child's monthly narrative why the family opted out of selection. Prior to the meeting, the worker should print the Selection Staffing Form ([Form 2142](#)), which will be utilized throughout the meeting. Before the meeting starts, a person must be designated as the note-taker. Notes should be documented on the form to reflect the information shared during the staffing as well as the family that was selected as the best fit. The strengths and weakness of each family and the reasons that other families were not selected should also be documented. The Selection Staffing Form, once completed, should be filed in the record and the results documented in IMPACT.

The following documents should be present during the staffing:

- Selection Staffing [Form 2142](#);
- HSEGH ;
- Home screenings;
- Any mediated settlement agreement or relevant orders from the court.

The Selection Staffing occurs in two parts. The first part of the Selection Staffing should be a time for participants to share information about the child. This information includes but is not limited to:

- The child's strengths and needs;
- How the child feels about adoption;
- The wishes of the child regarding an adoptive family;
- Any expectations that the child has of a new family;
- Any mediated settlement agreements or orders by the court;
- The common application;
- Legal status of the child; and
- Need for contact with siblings that may remain in care or in another placement.

This should also be a time for questions to be asked about the child. It is beneficial to have the foster parent and therapist participate in this portion of the staffing as they have valuable, firsthand information about the child.

The second part of the staffing should be a time for the FAD home worker or the private CPA case managers to individually share information with legal parties about their family. The foster parent, therapist, or others present are not permitted to participate during this part of the selection staffing.

Neither the FAD home worker nor the private CPA case managers are permitted to hear the other families being presented. Since individuals often call in for these meetings, [Appendix D](#) provides helpful hints for facilitating scan calls.

During the presentation of the families, the worker should pay attention to the following:

- The family's motivation and training;
- How they will be supported with a new placement;
- Expectations of a child and their daily care;
- The family's ability to make a commitment;
- The family's feelings regarding therapy (for the child and family);
- The family's specific plans for keeping the child connected to the child's culture;
- Whether the family is being asked to consider characteristics that they did not initially prefer; and
- Why the case manager feels the family is a good match.

After the information is shared and questions are asked about the family, the case manager for that family should excuse themselves from the meeting and the next case manager can present their family. After each family has been presented, all persons who are not a legal party to the case should be excused. The remaining staffing participants discuss the strengths and concerns of each family presented and participants provide input. Federal law prohibits the use of race, color, or national origin (RCNO) as a factor in selecting a placement, with extremely limited exceptions. The RCNO of a child or of a potential foster or adoptive family should not be a factor in selecting a placement except in rare situations when staff can document compelling individualized circumstances that make this necessary. Texas law mandates compliance with this federal law. If a biological parent requests selection of a child's placement based on RCNO, CPS staff must explain that this is prohibited by federal law, per the [Multiethnic Placement Act of 1994](#) as amended by the Interethnic Adoption Provisions of 1996.

After all discussion, a final recommendation should be made for the one family that best meets the child's needs. By the next working day, the case managers for all of the families presented should be contacted and informed of the results of the staffing. The caseworker must ensure that details about the selection staffing are captured in the child's monthly narrative in IMPACT, including selection decisions and rationales.

PREPARING THE FAMILY

Once a family is selected, the FAD worker or the private CPA case manager should provide the family with the redacted HSEGH and current psychological assessment, if this has not already occurred. Providing this information to prospective families is important to all families, including relative, fictive kin and foster/adopt prospective families. The worker needs to ensure that the family initials each page and signs the last page after reviewing the edited HSEGH. The caseworker must also provide the prospective adoptive parents with access to research regarding underlying health issues and other conditions of trauma that could impact child development and permanency, particularly as identified in the HSEGH or psychological. [Appendix C](#) includes information about trauma-informed research, training and resources for parents and caregivers.

Within two weeks, the worker should make arrangements with the agency (not the family directly) for the family to review the redacted file. The family must sign the DFPS confidentiality agreement prior to reading the record. The family should be allowed to review the record in a comfortable setting with enough time to fully review the record. Caseworkers should encourage the prospective family to ask any questions about the child, to ensure they are able to make an informed lifelong decision. It is important for adoptive families to have all the information available so they are better prepared. This preparation can help decrease the likelihood of placement disruption or adoption dissolution in the future.

To help the prospective family get answers, the worker should set up any interviews/phone contacts between the prospective adoptive family and others involved with the child including caregivers, therapists, educational personnel, or medical personnel. In rare instances, an informal meeting with the family and child could be arranged if the parties feel this would be beneficial. This needs to be handled delicately to ensure the child does not experience rejection or feel they are on display. The worker must consult with a supervisor in these cases for prior approval. A therapist's recommendation can also be sought, if necessary.

If, after receiving all of the information the family declines the placement opportunity, the worker should collect all the paperwork sent and notify the case manager for the second choice family, if applicable, within one week. The worker should present the child's information as stated above. Once a family has expressed an interest in moving forward, efforts shift to developing and implementing a transition plan for the child.

DEVELOPING A TRANSITION PLAN FOR THE CHILD

In order to develop a transition plan that will meet the particular needs of the child, a Presentation Staffing is held including the following individuals:

- Adoption Worker/ Child's Worker
- Adoption Liaison (if applicable to regional protocol)
- Adoption/CVS Supervisor
- Adoption/CVS Program Director (optional)
- Ado Family's Case manager
- Current Foster Parent(s)
- Prospective ADO parent(s)
- Ad Litem
- CASA (supervisor and volunteer)
- Therapist or other professionals, if appropriate

The Presentation Staffing should be held within 30 days of the Selection Staffing. A Presentation Staffing is an opportunity for the prospective family to ask questions, for the current family to discuss the child's daily care, and for the attendees to collectively develop an appropriate transition plan. Take time during the staffing to publicly acknowledge the contributions of the foster parents.

[Appendix E](#) includes a summary of the information to discuss during the Presentation Staffing.

After discussing all of the details outlined in [Appendix E](#), the staffing participants should develop a transition plan for the child. This includes determining the visits that should occur between the child and the potential adoptive placement. The group should discuss any concerns or fears the child may have in transitioning and develop a proactive plan to alleviate any of the child's concerns.

When developing the transition plan, it is also important to discuss the role that the current foster parents can take in assisting with the transition. Sometimes foster parents have become very attached to the child and may resist the placement. The foster family may not agree with the choice the team made. Both of these issues must be addressed in the transition plan as ignoring them will likely make it more difficult for the child to transition. To address these things, the caseworker should consult with their supervisor. Then the worker should contact the home's agency to develop a plan in working with the foster parent to ensure a smooth transition. If the foster family files an intervention, consult with the supervisor and program director to develop a plan of action.

At the conclusion of the Presentation Staffing, the prospective adoptive family should be advised that they have time to think about the information shared and to ask further questions they may have before making a final decision. It is advised to give the family one to two days to make this lifelong decision. The

worker should document the Presentation Staffing in IMPACT and should follow up with the home's case manager to confirm the family wants to move forward.

TRANSITIONING THE CHILD

Once the family has made a final decision to move forward, the team should begin implementing the transition plan. To begin, the caseworker or foster family should show the child pictures or a videotape the adoptive family has made of their home, family and lifestyle. Foster parents are encouraged to help transition the child to the new placement by speaking positively about the adoptive placement as much as possible.

After the child has been introduced via video or pictures, the initial face-to-face visit between the child and prospective adoptive family should occur in the child's current placement with the caseworker present. The current foster parents should also be present. It is recommended that the prospective adoptive family observe a typical routine/activity in the foster home. This could include after school activities, afternoon play time, or at a place familiar to the child such as a park. This allows the prospective adoptive family an opportunity to interact with the child in an environment that is familiar to the child. The length of this visit will depend on the child's age and development. At the conclusion of the visit, everyone should discuss possible dates and plans for the next visit.

The team should schedule as many pre-placement visits as necessary, increasing the duration of subsequent visits (four hour visit, day visit, overnight, weekend and placement). At a minimum, the adoption worker must be present at the child's first contact with the family and when the child visits the adoptive home for the first time. The worker should have some involvement in other visits to help process with the child her or his feelings or concerns. At least one of the visits must take place overnight in the adoptive family's home, unless the program director approves an exception.

After the initial visit in the adoptive home, the worker should process with the child the child's feelings and thoughts after having contact with the adoptive family. Privately and in a comfortable setting away from the adoptive home, the worker should ask the child what he or she thinks so far, and if he or she has any concerns or questions about the new home. The worker should also consult with the therapist to get feedback and recommendations on additional transition steps or visits that should occur. The child should see the therapist as needed.

Throughout the transition process, the foster family, adoption worker and adoptive family should help the child resolve his or her fears and concerns about the adoptive placement. The worker should work with the adoptive family to ensure there is a concrete plan in place to ensure continued important connections in the child's life. If staying connected is not possible, they should also assist the child in separating from people he or she is close to. It is vital that the child have an opportunity to appropriately say goodbye and have closure as she or he moves forward.

Once the transition plan has been successfully implemented, the adoptive placement should be made. Refer to the CPS Handbook, [Section 6900](#), for further details and steps for placement and post placement. To assist with the new placement, advise adoptive parents to keep the Lifebook somewhere special and secure. The child should have the power to decide when the Lifebook comes out and parents should never share the book without the child's permission.

HOW TO TRANSITION TO LONG-DISTANCE PLACEMENTS

If the adoptive placement will be out of state or is far from the child's current placement, it is helpful if the transition plan includes a multi-day visit by the adoptive parents. Similar to above, the first visit would occur in the foster home. It is important for the adoptive family to meet the foster family and visit the foster home to exchange information about the child and ease the transition for the child. Seeing the adoptive and foster families working together to make the placement successful is important to the child's

adjustment and ability to trust the adoptive parents. Depending on the outcome and the child's readiness, the group can decide if the adoptive parents should be able to take the children by themselves for dinner (or similar activity) on the second day. If there is enough time, it may also be helpful to encourage the family to take the child for a full day and an overnight stay in the hotel room. Subsequent visits should be scheduled as needed. Always allow for flexibility in scheduling and travel arrangements to allow the child more time to transition.

Good case practice requires that the presentation staffing, pre-placement visitation, and adoptive placement be carefully planned to allow:

- the child the opportunity to see the current caregiver, the caseworker, and the prospective adoptive family together, sharing information about the child's needs;
- making plans for the child's future;
- sufficient opportunity to complete the negotiation of the adoption assistance and enter into the written agreement.

In some cases, the worker will take the child to the out of town adoptive home for a pre-placement visit (usually 2-3 days). During these visits, the worker stays in a hotel and visits the child daily. After the out of town visit, the child may return to his or her foster home or the placement could be made at the conclusion of this visit if the child is ready. The child's caseworker should accompany the child to the adoptive home for the pre-placement visit and the placement. This provides the child a sense of continuity from one living situation to another and eases the transition into adoption. A child or youth should never be sent alone to a pre-placement visit or adoptive placement.

DFPS usually pays the child's transportation expenses for the adoptive placement, unless the parents choose to pay. Adoptive parents are always encouraged to come to Texas for the presentation and pre-placement visitation.

WHAT TO DO IF A PLACEMENT IS NOT IDENTIFIED

If a viable placement option is not identified during the screening process or if a placement falls through at any point, the worker should implement additional recruitment strategies. This activity must be carefully documented in IMPACT, and all new recruitment activity should be updated using the Adoption Inquiry List ([Form 2141](#)). The worker may also want to re-evaluate some screenings that were being considered initially but didn't make the top selections. If an appropriate family is not located within 60 days, the caseworker must staff the case with the supervisor. The caseworker should explore alternative options such as re-engaging extended family members or exploring current kinship-type relationships (church, mentors, friends, etc.), screening each potential placement in a timely fashion.

From this point, the case should be staffed every three months with the worker, supervisor and appropriate CVS and Adoption program directors to determine what proactive tasks need to occur and other options available. This should include brainstorming about additional recruitment strategies. If available, staff should consult with their management to consider requesting a permanency roundtable.

APPENDIX A: DEVELOPMENTAL THINGS TO CONSIDER WHEN PREPARING CHILDREN FOR ADOPTION

Excerpted from an article by Lansing Wood, MA <https://www.mnadopt.org/resources-support/fact-sheets/>

Preschool Years: Ages 3-5

Preschoolers are concrete thinkers and use play to work things out. Two themes appear frequently: good vs. bad and big vs. little. Logical thinking is not part of their verbal, creative play. Rather they are masters of magical and egocentric thinking. Preschoolers are convinced that they are the hub around which everything revolves. When preparing children for adoption at this age, it is important to:

Talking Tips:

- Be concrete and simple. Use props, such as dolls, simple drawings, storybooks. Stay relaxed and factual. Your tone of voice is more important than the words.
- Don't worry if they reject the explanation, for now, especially about being born to someone else.
- Remember that there will be many chances to talk about adoption.
- Keep in mind that children usually feel good about being adopted at this age but will still have confusions.

Elementary Years: Ages 6-10

Six, seven, and eight-year-olds take a leap at the same time they are facing new challenges outside of the family. They spend a lot of energy gaining motor skills, acquiring new academic knowledge in school, and engaging socially with peers, especially of the same sex. Nine and Ten year olds are even more competent and independent; they experience the ordinary conflicts with parents over TV privileges, chores, clothes, bedtimes, language, movies, etc. When preparing children for adoption at this age, it is important to:

Talking Tips for Caregivers and Staff:

- Take advantage of the child's growing maturity to fill in details of her story.
- Help the child distinguish between what is family information and what is appropriate to share in school.
- For newly arrived children, help them rehearse simple answers to inevitable questions.
- Respect the child's comfort level with classroom presentations or celebrations. Offer, but don't insist.
- Bring up the subject casually but often.
- Help the child connect with other adopted kids and families.

Young Adolescent: Ages 11-15

During the early adolescent years, children gain the ability to understand adoption and their personal story in a completely new way. This can be confusing, however, because the rapid physical and emotional changes, which occur at this age, are impacted by the facts of their adoption. What they look like, who they will be like, and who they belong with are all up for grabs as they move through the middle school years and into high school. Adoption presents an extra dimension for adolescents struggling with the big identity questions. Although it is just one aspect of their lives, it is so connected to the normal tasks of this age group that it forces its way to the surface.

Talking Tips for Caregivers and Staff:

- Take advantage of opportunities for clarifying information.
- Expect that the child will have gaps in understanding the information you previously provided.
- Be particularly respectful when speaking of birth parents.
- Give as much specific information as you can, given a child's level of maturity.

Older Adolescent: Ages 16-22+

In our culture, adolescence lasts well beyond the teen years. Finding a place in the adult world is a long process, often lasting well into the late twenties. For adopted young people, the search for identity; the exploration of school, work, and housing options; and the changes included in growing up into young adulthood present extra challenges.

Talking Tips for Caregivers and Staff:

- Don't stop talking about adoption.
- Always refer to the child's birth family with respect.
- Use news, movies, TV shows with adoption themes, school biology assignments, anything to start a conversation.
- Be sure to listen when your teen is talking!
- Share everything you know about the child's story. It is his to have.
- Contact a local or online support group for help when needed.

APPENDIX B: AGE-APPROPRIATE ACTIVITIES TO HELP CHILDREN PREPARE FOR ADOPTION ²

1. **Life Book** (0-18 years) is an account of the child/youth's life in words, pictures, photographs, and documents. Although Life Books can take many forms, each child/youth's Life Book will be unique to that individual. The Lifebook is designed to capture memories and provide a chance to recall people and events in the child's past life, to allow for a sense of continuity. The Lifebook can also serve as a focal point to explore painful issues with the child that need to be resolved. Lifebook work begins the day the child enters out of home care. Caseworkers assist in creating a Life Book for a child/youth by ensuring the Lifebook is provided to caregivers, gathering information about the child/youth, and taking pictures of people and places that are or were important to the child/youth. Foster parents/relative caregivers that have been involved in the child's journey in out of home care have an important part in creating the Lifebook. The parties work with the child to gather information/memories that are important to him/her. Caseworkers can use the Lifebook as a tool during face to face contact to help prepare the child for adoption.
2. **Eco-Map** (4-10 years) is a visual representation of a child/youth and the important people and activities in the person's life. An Eco-Map may have a circle in the middle of the page with a stick figure of a child/youth, along with the question, —Why am I here? Lines are drawn out from the circle like spokes to other circles representing the court, other foster families, siblings, and school. An Eco-Map also can be used to address other topics such as, —Things I like to do, visually to represent what things and which people are important to the child/youth and to help the child/youth understand how he or she came to live with the adoptive family. (Fahlberg 1991)
3. **Life Line or Life Path** (6-18 years) is a visual representation to help the child/youth understand the paths that life has taken and the decision points along the way. There may be lines that go to a drawing of a house representing any foster homes where a child/youth has lived, the years that the child/youth lived there, and a mention of who lived with the child/youth in that house, if known. (Fahlberg, 1991)
4. **Journal or Letter Writing** (12-18 years) is a helpful way for children/youth to get their feelings and concerns out in the open. Journal writing can be private—something the child/youth uses only for him/her. Letter writing is less private because the child/youth expects others to read the letters. If the birth parents are unavailable to respond, the child/youth can write a response to his/her own letter. These writings can be discussed with adoption service providers and can be helpful in resolving past losses and facilitating attachment within the adoptive family. These tools can be modified to fit a child/youth's particular circumstances. If children/youth have difficulty writing down their thoughts, the post adoption service provider or an adoptive family member may act as recorder. Audio and DVD/videotape also can be used for these types of activities. Some people refer to letter writing as —role play, particularly when the child/youth responds to letters from a birth parent's perspective.
5. **Family Game** (3-8 years) is a unique and unobtrusive way for a child/youth to begin talking about characteristics of families that are important to him or her. The caseworker asks the child/youth to picture what a grocery store looks like, on the inside, and then tells the child/youth about an imaginary store that has mommies, daddies, sisters, brothers and animals inside. To help visualize the activity the worker draws, with the child, the inside of the store. This picture includes a description of the different —aisles in the store. The caseworker explains that each —aisle contains different components of a family. After talking about the different components of families (moms, dads, sisters, brothers, grandmas, etc.) the worker encourages the child/youth to talk about what kind of family

² Source: *Adoption Competency Curriculum created by NRC for Adoption: Handout 8*
<http://www.nrcadoption.org/wp-content/uploads/TG-Child-Assessment-Preparation-4-111.pdf>

he/she would pick out for himself/herself. After the child/youth has picked out the components of the ideal family, the worker asks specific questions about the family: Why did the child/youth pick the family members that he/she did? What type of person is each member of the family? What does each family member do?

- 6. Caregiver Puzzle** (6-18 years) increases the child/youth's understanding of the roles of current and former caregivers. This exercise is useful in assisting children/youth who are experiencing confusion as they enter or move through the child welfare system. Each caregiver is identified. The child/youth puts the caregiver in the sequence of their life, discusses their likes and dislikes relative to the caregiver, and receives information from the caseworker about that caregiver's role in the child/youth's life.

For additional resources, see Appendix F.

APPENDIX C: THINGS TO CONSIDER WHEN SCREENING POTENTIAL PLACEMENTS

1. Needs of the Child

- Safety
 - Need for safety from prior abuser
 - Need for safety in future (consider adopter's histories and information about extended family members and any denied visitors)
- Permanency
 - ability of the child to commit to a family and family to commit to child
 - ability to function within a family (attachment capacity)
- Well Being
 - Behavioral Characteristics and Special Needs / Requirements
 - Behaviors that must be tolerated / accepted
 - Behaviors that still need interventions to improve/change/eliminate
 - Degree of supervision or structure
 - Ability to acculturate into the existing or future family constellation and is there potential to victimize or be victimized
 - Birth order considerations
 - Cultural, religious or other considerations
 - Familial and other significant connections
 - Placement with siblings
 - Placement near siblings and plans for contact if not placed together
 - Placement that supports sibling connections in a healthy / therapeutic way
 - Placement near other familial connections such as a supportive grandparent, etc.
 - Placement that supports continued connection to extended family
 - Placement that supports established ongoing relationships with church, church members, teachers, mentors, etc.

2. Child's Preference / Wishes / Hopes / Dreams

- Geographical and systemic setting
 - Rural v. urban (City v. country)
 - Small school v. large school
 - Religiously active v. non active
 - Two parent home v. single parent home
 - Other kids in the home v. no other kids in the home
- Common Interests
 - Active family v. Less Active family
 - Indoor activities v. outdoor activities
 - Hobbies, crafts, group or family based

3. Knowledge, Skills, Abilities, Experiences, Capacity and Resources of the Caregiver

Many of the components below will assist the worker in determining the family's overall abilities. This will assist the worker in determining if the family's personality is compatible to the child's.

- Prior parenting or child care experience
- Prior child care education or training
- Prior parenting experience with challenging behavior or behavior similar to the subject child(ren)
- Family's historical ability to demonstrate commitment
- Any family experience with identified behaviors/needs and response to same
- Number, ages and needs of children already in the home

- Work schedules and flexibility
 - Financial stability and need for adoption assistance (policy 6835 states need to document efforts to place without subsidy)
 - Health of adoptive parents and ability to raise child to adulthood
 - Marital status and stability (Single parents cannot be denied solely based on the fact that they are single)
 - Parent's expectations of a child's behavior and abilities, short term and long term
 - Previous parenting experiences of non-challenging behavior
 - Parenting tools (skills) they possess
 - Parenting tools (skills) they are willing to obtain (by demonstrating in the past that they sought out training, new tools and support services)
 - Prior demonstration of longevity with a child or circumstance through challenging behavior and maintaining a healthy relationship today; commitment to the child; example: a parent maintaining a relationship with a child that lives with another parent.
 - Prior life experiences, other than parenting, working with challenging behavior and the degree of that work
 - Acceptance of current behavior as a lifelong fact v. expectations for improved behavior and expected timeline for improvement
 - Expectations of reciprocity; for example some children do not openly show emotions and affection, are not grateful and some families can deal with this and others cannot.
 - Ability to manage past personal trauma: How has the caregiver(s) handled past trauma
 - Openness to individual and family counseling
 - Ability to manage daily stressors
 - Capacity to support religious differences
 - Capacity to live comfortably as an interracial or culturally diverse family considering relative or friendship connections, changes or interruptions because of the choice to live interracially or diverse
 - Acceptance by Other Members of the Household and Extended Family
 - How well do other children currently in the household support the idea of the new child or children being added
 - How supportive are extended family of the changing dynamics and needs to incorporate the new child(ren) into the existing family
 - Experiences with blending / accepting new members into the household
 - Prior knowledge, contact or relationship with a specific child, if applicable
 - Cultural and language support
 - Ability of potential family to recognize, accept, and act on child's cultural and ethnicity needs
 - Ability of potential family to help child to have real relationships and mentors from same race/ethnicity
 - Ability of potential family to assist child with identity issues in adolescence
 - Caregiver's capacity for accepting and promoting continued connections to siblings not placed with the child, extended birth family or others from the child's past.
- 4. Caregiver Preferences / Wishes / Hopes / Dreams**
- Original motivation/capacity (number, age, gender, etc.)
 - Evolved motivation/capacity and the factors that altered the motivation (was it an evolution of the understanding of needs and a broadening of the caregivers confidence of their capacity to support children after training and the screening process OR the length of time they have been waiting)

APPENDIX D: HELPFUL HINTS TO FACILITATE THE SELECTION STAFFING VIA SCAN CALL

If the case managers are participating by phone, let them know you will call them when it is their turn. Once they hang up, you can lock the conference call from people entering the call. The staffing continues in this fashion until all case managers have shared information and answered questions regarding their family.

Helpful Key Codes for Scan Calls:

- *1 to call out to another participant
- *4 to lock *4 to unlock
- *5 to get participant count (that includes the host)
- *6 to mute and then *6 to unmute
- *8 to continue the call without host

APPENDIX E: THINGS TO DISCUSS DURING A PRESENTATION STAFFING**1. Physical Description (to include clothes sizes) and General Child Information**

- History of Abuse/Neglect as it pertains to current functioning.
- Health (medication, therapy, allergies (food, environment), hygiene).
- School (grade, favorite class, special education needs).
- Significant relationships in the child's life: extended family members, church, school friends, teachers, and siblings including:
 - How many siblings the child has
 - The reason siblings are not placed together
 - Recommendations for continued contact between the siblings
 - Note: If appropriate, ask if siblings or other significant family members can meet the prospective ADO family so that they can give permission to the child to be part of the adoptive family. This can sometimes help children feel they have 'permission' to accept a new family as their own.
- Discuss what the child's worker and therapist, etc. have done in order to prepare the child for adoption.

2. Personality: likes/dislikes (colors, foods, super heroes, cartoons, television shows, sports, etc.)

- What does the child want the family to know about them?
- Child's own goal for adoption
- Special talents, hobbies, interests
- Extracurricular activities
- Fears
- Does child enjoy group or individual activities?
- Favorite food

3. Behaviors

- What makes the child upset?
- What does the foster parent do to calm child?
- What consequences/rewards are effective with child?
- Anticipated behaviors of child and possible ways to react and handle
- "Honeymoon" stage of placement or how will the child likely behave during the early placement period
- How does the child express him/herself (i.e. demonstrative, affectionate)
- How does child exhibit happiness/sadness/anger?

4. Routines

- School Day routine to include from sun-up to sun-down
- Weekend routine
- Children's sleeping routines
 - Night light
 - Favorite blanket
 - Stuffed animals
 - Interaction with pets
 - Other forms of comfort
- Children's eating routines

5. Information about the child's current foster family

- Composition of the foster family
- Family lifestyle

- Length of placement
 - Continued contact recommendations.
- 6. Information about the adoptive placement**
- Parenting style
 - Concrete plans for keeping the child connected to their culture
- 7. What supports will be available to assist adoptive parents**
- What type of support does the home agency offer the family post-placement and post-consummation?
 - Does the agency provide respite care?
 - What plans are in place for the adoptive family to support continued therapy, medications, or other special services?
 - What benefits/assistance may be available during the adoption process?
 - Note: If a worker feels Enhanced Adoption Assistance should be considered, staff obtain approval from the Supervisor and Program Director and then discuss with the Enhanced Adoption assistance coordinator for possible submission to State Office for approval.
 - What will happen once adoptive placement occurs (i.e. will the worker's monthly home visits continue, will day care assistance end, what will happen regarding court hearings and any court mandates?)
- 8. Tools that can help the child transition**
- Discuss how the site visits will occur.
 - Explain the Lifebook and its purpose to the family.

APPENDIX F: ADDITIONAL RESOURCES

Helping the child Transition:

<http://www.fostercare.org/Default.aspx?tabid=83>

http://www.childwelfare.gov/adoption/adopt_parenting/foster/transitioning.cfm

<http://www.nacac.org/adoptalk/stayingconnected.html>

Youth Permanency- Guides and Practice Resources

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/youth-permanency.html

Strategies for Permanency Planning with Youth

<http://www.childwelfare.gov/pubs/focus/enhancing/enhancing3.cfm>

AdoptUSKids Matching Guide

http://www.adoptuskids.org/_assets/files/NRCRRFAP/resources/finding-a-fit-that-will-last-a-lifetime.pdf

Websites:

Child Welfare Information Gateway

<https://www.childwelfare.gov>

National Resource Center for Adoption

<http://www.nrcadoption.org/>

Adoption Disruptions & Dissolution research

http://www.childwelfare.gov/pubs/s_disrup.cfm

North American Council on Adoptable Children

www.nacac.org

The Adoption Competency Curriculum

created by NRC for Adoption, (child prep and family prep information)

<http://www.nrcadoption.org/resources/acc/trainers-guide/>

Child Welfare League of America

<http://www.cwla.org/>

Kids and Lifebooks: Tips for Social Workers

<http://EzineArticles.com/54711>

Resources and tips for creating lifebooks

<http://www.childwelfare.gov/adoption/preplacement/lifebooks.cfm#resources>

Tapestry Books

<http://www.tapestrybooks.com/>

Website specializing in Adoption books

Suggested Reading materials

Deborah Gray

"Attaching in Adoption" is a comprehensive guide for prospective and actual adoptive parents on how to understand and care for their adopted child and promote healthy attachment. It explains what attachment is, how grief and trauma can affect children's emotional development, and how to improve attachment, respect, cooperation and trust. It will also be a valuable resource for adoption professional

"Nurturing Adoption: Creating Resilience After Neglect and Trauma" Adopted children who have suffered trauma and neglect have structural brain change, as well as specific developmental and emotional needs. This book provides professionals with the knowledge and advice they need to help adoptive families build positive relationships and help children heal. The book also includes practical resources such as checklists, questionnaires, assessments and tools for professionals including social workers, child welfare workers and mental health workers. This book will be an invaluable resource for professionals working with adoptive families and will support them in nurturing positive family relationships and resilient, happy children.

Karin Purvis

"The Connected Child" The adoption of a child is always a joyous moment in the life of a family. Some adoptions, though, present unique challenges. Welcoming these children into your family--and addressing their special needs--requires care, consideration, and compassion. Written by two research psychologists specializing in adoption and attachment, *The Connected Child* will help you:

- Build bonds of affection and trust with your adopted child
- Effectively deal with any learning or behavioral disorders
- Discipline your child with love without making him or her feel threatened

Jill Krementz.

"How it Feels to Be Adopted"

Nineteen adolescents give their views about being adopted.

Rita J. Simon and Rhonda M. Roorda.

"In Their Own Voices: Transracial Adoptees Tell Their Stories"

Young African-American and biracial adults who were adopted as children by Caucasian parents give first-hand accounts of how their experiences affect their current lifestyles.

Theresa L. McCoy,

"Getting Ready for Adoption" is a teen-friendly workbook that can help prepare children at this age for adoption. The book guides both the social worker and the youth through each step of the adoption process. Explanations and hands-on activities help to answer questions, explore hidden fears or fantasies, work through abuse trust and love issues, build self-esteem and prepare the child to handle new experiences and adjustments.

APPENDIX G: ADDITIONAL RESOURCES

Trauma-Informed Research, Training and Resources for Parents and Caregivers

The National Child Traumatic Stress Network (NCTSN)

NCTSN is a collaboration of frontline providers, researchers, and families committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

<http://www.nctsn.org/>

NCTSN: Resources for Parents and Caregivers

The more you learn about how traumatic events affect children, the more you will understand the reasons for your kids' behaviors, and emotions, and the better prepared you will be to help them cope. When you let your children know that you and other caring adults are working to keep them safe, that you are there to support them, and that there are people who can help them with what they are feeling, most children who have traumatic stress can recover and go on to live healthy and productive lives.

<http://www.nctsn.org/resources/audiences/parents-caregivers>

Centers for Disease Control and Prevention (CDC) – Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

ACEs Connection

A social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions to help heal and develop resilience rather than to continue to traumatize already traumatized people.

<http://www.acesconnection.com/>

Parenting with ACEs Community (ACEs Connection)

About this Community: What does it mean to be an ACEs-, trauma-informed, and resilience-building parent/caregiver? And to be a parent with ACEs? What do parent education, training, and support services look like through this lens and how can they reach the largest number of parents/caregivers?

<http://www.acesconnection.com/g/Parenting-with-ACEs>

California Evidence-Based Clearinghouse for Child Welfare (CEBC)

Clearinghouse of evidence-based child welfare research and practices for children and families involved with the child welfare system.

<http://www.cebc4cw.org/>

Trauma-related Interventions

<http://www.cebc4cw.org/topic/trauma-treatment-client-level-interventions-child-adolescent/>

Trauma-related Parenting Programs

<http://www.cebc4cw.org/topic/parent-training-programs-behavior-problems/>

Superior HealthPlan Behavioral Health Trainings

Superior partners with Envolve PeopleCare to offer webinar trainings for caregivers. Trainings are led by licensed providers with experience in addressing the behavioral health needs of children. (Must register/Free)

Trauma Informed Care training for Caregivers

https://www.fostercaretx.com/content/fostercaretx/en_us/for-members/resources/training/behavioral-health-clinical-trainings.html

DFPS Trauma-Informed Care Training

The Department of Family and Protective Services (DFPS) recognizes the long-term effects of adverse childhood experiences such as child abuse and neglect. The impact of trauma is experienced by children, families, caregivers, and the social service providers who serve them.

Each foster and adoptive parent must receive trauma informed care training annually. Each prospective foster parent or adoptive parent must receive trauma informed care training prior to foster home verification or adoptive home approval. (2 hours):

https://www.dfps.state.tx.us/Training/Trauma_Informed_Care/default.asp